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*AN INTELLECTUAL PROPERTY LAW FIRM*

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**FACSIMILE TRANSMISSION COVER SHEET****Date:** June 25, 2004**To:** United States Patent and Trademark Office  
Examiner: Hung V. Ngo; Art Unit: 2831**Fax:** (703) 872-9306**Re:** **Application Serial No.: 09/638,172**  
Filing Date: 8/11/2000; First Named Inventor: Doug A. Hawks  
Attorney Docket No.: 00CON115P**From:** Farjami & Farjami LLP**Number of pages including the cover sheet:** 14**Message:**

Enclosed please find the Response to the Final Office Action dated March 23, 2004.  
Payment for the First Month Extension Fee in the amount of \$110.00 is hereby enclosed on Form  
PTO-2038.

Thank you.

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Attorney Docket No.: 00CON115P

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Hawks, et al.SERIAL NO.: 09/638,172 FILED: August 11, 2000FOR: Method and Structure for Securing a Mold Compound to a Printed Circuit Board

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HONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.

☒ The fee has been calculated as shown below:

☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$ 110.00
SECOND MONTH AFTER TIME PERIOD SET	420.00	210.00	\$
THIRD MONTH AFTER TIME PERIOD SET	950.00	475.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,480.00	740.00	\$

☒ TOTAL EXTENSION FEE \$ 110.00
☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	16	MINUS **20	* = 0	x 18	x 9	\$
INDEPENDENT	3	MINUS ***3	* = 0	x 86	x 43	\$
First presentation of multiple dependent claim				+ 290	+ 145	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

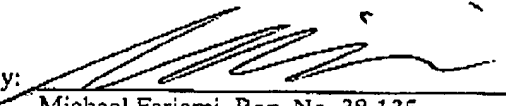
\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☒ Enclosed is the total fee of \$ 110.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

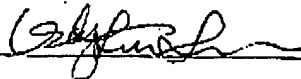
Date: 6/25/04By:   
Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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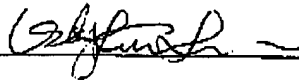
  
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Art Unit: 2831

Examiner: Ngo, Hung V.

**RESPONSE TO FINAL OFFICE ACTION**

Mail Stop AF  
Honorable Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the *Final Office Action* dated March 23, 2004 in the above-referenced patent application. Please enter and consider the following remarks.

06/29/2004 JBALINAN 00000082 09638172

01 FC:1251

110.00 OP